



Milele Zanzibar Foundation

Kuongeza Maendeleo, Accelerating Progress

**COMMUNITY HEALTH
INITIATIVES HAND BOOK
FOR
SHEHIA ADVISORY
COMMITTEES
AND
COMMUNITY HEALTH
VOLUNTEERS**

**Established by:
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HAND BOOK FOR SAC & CHV – ENGLISH VERSION

Accelerating Progress in Health Sector

Vision

Our vision is for vibrant, resilient and sustainable rural communities in Unguja and Pemba islands.

Mission

Our mission is to accelerate progress in the health sector in rural and remote areas through the holistic and sustainable development program.

Our Approach

Seeks to take the individuals that we work with to move from being vulnerable to being resilient through strengthening structure, opening up access and building capacities with an emphasis on working from the grassroots.

Our Strategies

Are based on the belief that the people we are working to support are best placed to address the challenges they face with the backing of MZF and partners' empowerment programs.

Measurement Outcome

- * Improved human resource and clinic management system to deliver the quality of health care services by the year 2026.
- * Improving the health and well-of women and children in the target community by the year 2026.
- * Improved environmental hygiene, water and sanitation in the target community by the year 2026.
- * Improved dietary intake among vulnerable women and children in the target community by the year 2026.

Our Key Players

- * District Health Management Teams;
- * HCPs;
- * Shehia Advisory Committees/SHCCs;
- * Community Health Volunteers (CHVs);
- * Traditional Birth Attendance (TBA).

Planned Activities in the Community

1. Improve women's well-being and safe delivery;
2. Support HCPs to conduct RMNCH outreach services to hard-to-reach areas in the community;
3. Support CHVs to conduct household visitation for early identification of pregnant women, counselling on RMNCH services, nutrition and referrals;
4. Implement a Group Prenatal Care model (from individual ANC services to GPC) in the target clinics;
5. Support the application of Group Prenatal Care (GPC) to the MZF facility;
6. Improve dietary intake among vulnerable women and children in target communities;
7. Awareness creation of nutritional foods to key players in the community;
8. Support pregnant women to establish a home garden in the community;
9. Provided health education to caregivers on the importance of a balanced diet for their health and children;
10. Increase community awareness of RMNCH services, water sanitation and environmental hygiene.

Introduction

Community Vision/Dream:

Do not throw away anyone's dream, even though it is different from the others. It is essential to include everyone's dreams in the larger picture so that everyone will feel ownership of the group and the community's dream and will want to be further involved in making the dream come true.

A shared common vision for community members on the community they want is important to lead them into action. All key players should understand and work towards achieving the vision of community Health Services as stated next.

Community Health Services

Vision

Healthy people living healthy and quality lives in strong and vibrant communities that make up a healthy and vibrant nation.

Mission

For the community health approach to become the modality for social transformation for development from the community level by establishing equitable, effective and efficient Community Health Services in Community Units all over Zanzibar.

This is to be a contribution towards achieving Milele Zanzibar Foundation vision 2026 anticipated results to result in healthy and vibrant communities that significantly contribute to a healthy and vibrant nation.

"What makes healthy people and a healthy community?"

What makes healthy people?

Health is more than the absence of disease. It is an optimum state of well-being: mental, physical, emotional and spiritual. Health is wholeness. It includes a sense of belonging to the community and experiencing control over your life.

Optimal health is a by-product of people realizing their potential and living in a community that works. "Community" can be everything from a rural neighborhood to an urban region. It can be the workplace or a group of shared interests and faith. In the end, our "community" is where we are and who we are with.

What is a healthy community?

It's a place that is continually creating and improving its physical and social environments, and expanding its community resources. This enables people to support each other in performing all the functions of life and in developing themselves to their maximum potential.

A healthy community is not only a perfect place, but it's a dynamic state of renewal and improvement. It builds a culture that supports healthy life choices and a high quality of life. It aligns its practices, policies, and resource allocation to sustain itself.

Factors Influencing Health and Development

Factors that Promote Health and Development

- * Opportunities – Partners (NGOs/CBOs, FBOs,) implementing various health and other development programmes in the community;
- * Human capital – Access to education, health services, safe environment, shelter, social security, community welfare, etc;
- * Infrastructure such as good roads, electricity, well-maintained schools and hospitals;
- * Respect for the basic human rights of all people, regardless of gender or age
- * Community participation and involvement in development activities;
- * Community capacity building to improve knowledge and skills;
- * Taking the initiative to find solutions to problems;
- * Creation of employment, resource generation;
- * Personal hygiene and a safe environment;
- * Disaster preparedness and prevention;
- * Democratic space and leadership;
- * Fairness in the relationship.

Factors that Hinder Health and Development

- * Lack of individuals' voice in decisions affecting them;
- * Political environment, poor leadership, poor policies;
- * Corruption/lack of transparency and accountability;
- * Poverty and lack of resources, unemployment;
- * Cultural beliefs, traditions and attitudes;
- * Illiteracy, lack of knowledge and skills;
- * Diseases especially chronic illnesses;
- * Disasters (Natural and Man-made);
- * Availability and quality of land;
- * Dependency Ratio (family);
- * Dependency (handouts);
- * Poor infrastructure;
- * Lack of initiatives;
- * Insecurity.

Note:

- * Good health promotes community development and sound community development promotes good health of the people.
- * Poor development in the community contributes to increased health problems such common diseases and poor access to health services.

Partnership for Community Health and Development

Importance of Partnership in Improving Community Health

A partnership can mean individual or institutional partners working together to share resources, ideas and experiences which support and enrich each other's work so as to achieve their common goal in better ways.

A partnership can be built based on trust, equity and mutual understanding. When Communities come together, schools succeed, neighborhoods are safe, crime shrinks, adults and youth feel safe, and young people realize their potential. That's why Community Partnership develops relationships with individuals, neighborhoods, the Faith Community and other agencies to identify problems and issues and then work together to develop solutions.

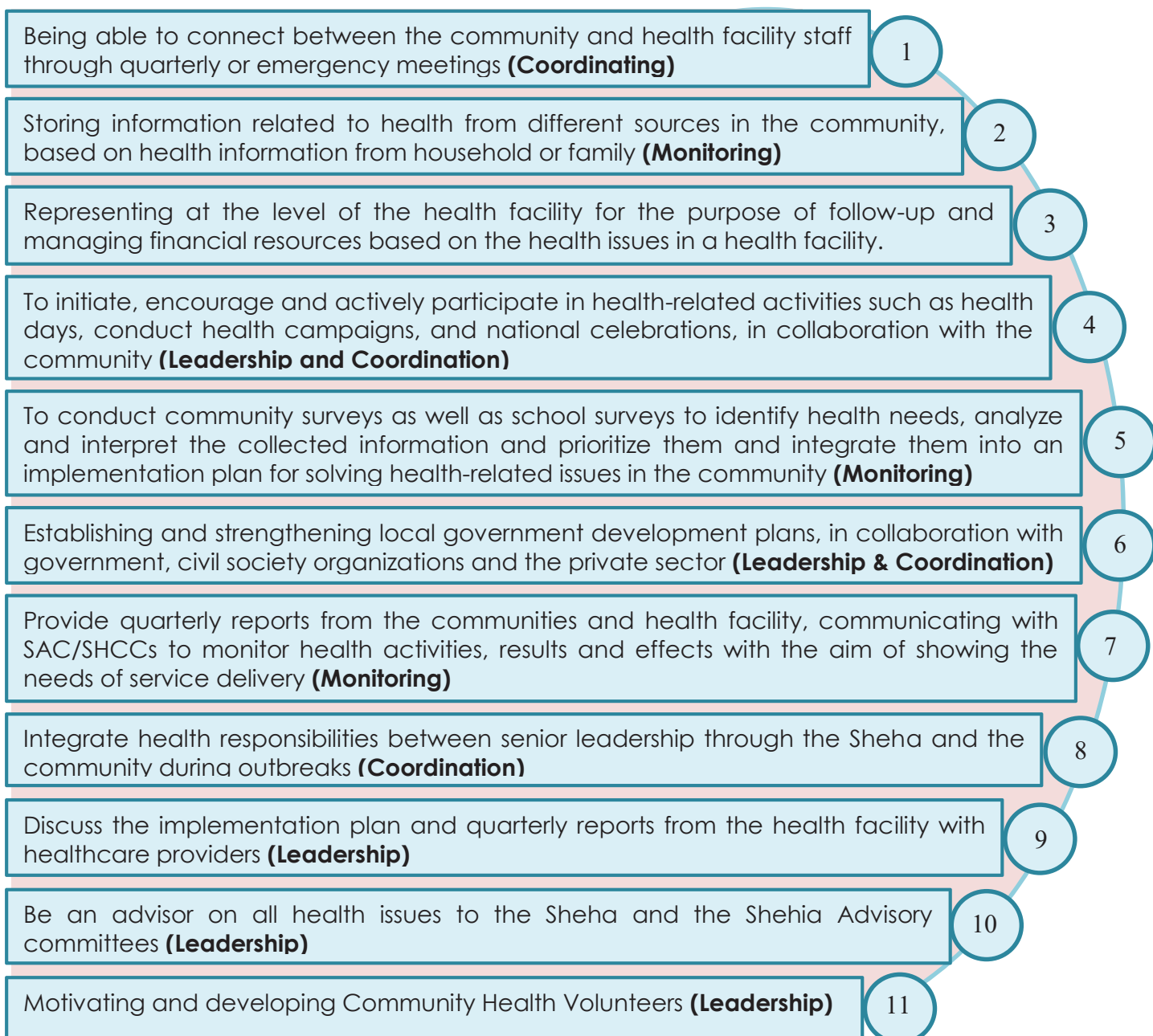
Key Actors with Different Roles

- 1. Community Health Worker (CHW):** Volunteer workers provide level 1 services and support the community for their initiatives to improve their health status.
- 2. Shehia Advisory Committee and Shehia Health Custodian Committee (SAC/SHCC):** The governance body consists of representatives from different groups who provide leadership for managing level 1 service and activities and build partnerships with stakeholders. Support CHVs technically through supervision and mentoring and strengthen the linkage between higher health systems.

Roles of Shehia Advisory Committees & Shehia Custodian Committees

1. Since community members represent a large part of the population, health services cannot be planned and implemented by all community members together. Thus, the concept of representation should be applied to this environment;
2. Shehia Advisory Committees & Custodian Committees for that purpose are the legal and regulatory pillars to provide community representation by managing and coordinating health services at Shehia level. The following are plans related to the implementation of the SAC.

Duties and Responsibilities of SAC/SHCCs



Roles of CHVs in the Community

“As CHVs, we are facilitators of people’s change and helping them to reach their dreams about a healthy life.

We build relationships as CHVs through our home visits, listening, appreciating people, etc;

The trust we build with people in our communities will determine how open they are to receiving the health information that we have to share.

There are some problems that cannot be solved by individuals or families in the community. Such problems require wider community participation to solve;

Members involved in solving the problems may include health workers, village elders, religious leaders, etc.

The communities can ‘measure’ their own progress through Meeting Forums, Shared Community Health Information, Health Days, Health Facility Information, Existing Records, other reports”).

Roles & Responsibilities of CHVs Defined in CHS Guidelines

1. Guiding the community on how to improve health and prevent illness by adopting healthy practices;
2. Promote and improve RMNC services and activities;
3. Identify and recognize early pregnancy counsel and refer;
4. Refer cases to the nearest health facilities;
5. Promoting care-seeking and compliance with treatment and advice;
6. Visiting homes to determine the health situation and initiating dialogue with household members to undertake the necessary action for improvement;
7. Promoting appropriate home care for the sick and refer;
8. Participating in monthly community unit health meetings and action days organized by SAC/SHCC;
9. Being available to the community to respond to questions and provide advice;
10. Being an example and model of good health behaviour;
11. Motivating members of the community to adopt health-promoting practices;
12. Organizing, mobilizing and leading village health activities;
13. Maintaining village registers and keeping records of community health-related events;
14. Reporting any specific health problems, they have encountered that need to be brought to the attention of higher levels.

CHV Activities

1. Household Visits

Household visits provide opportunities for CHVs to learn to sit alongside and experience firsthand what the family is experiencing. The home visit becomes a place of private sharing, where concerns, loss, grief and hope are expressed.

Based on what is shared by the family, CHVs can support the family through counselling, thinking about the way forward together, giving advice etc.

To promote their healthy behavior and environment as well as provide the cares the family needs.

2. Facilitation of Neighborhood Conversations

The conversations taking place in homes quickly expand to include other households, through relationship connections between local people. Neighbours are watching and are curious about visits by CHV.

One family may introduce another. Invitations to return and talk come from other homes. The CHV helps to connect neighbours to each other by including local people in visits to one another.

There is an increasing sharing and acknowledgement in and between families.

3. Community Meeting

As home visits and neighborhood conversations continue, people want to talk openly and together about their shared concerns. The CHV plays a major role in the collection of information that is summarized and discussed during quarterly Community meeting days.

A Community Meeting Day provides the opportunity for community participation in understanding the joys and concerns that exist in the community as reflected in the presented information from the households for discussion.

To have a community meeting, sharing Community Based Health Information collected and analyzed by CHVs can help the community to understand their situation and to make decisions for further actions.

4. Community Health Action Day

During Community Dialogue, decisions are made for change. The community members hold collective responsibility for the timeline for taking health actions based on the nature and magnitude of the identified health problems.

5. Management of Community-Based Health Information

By using Community Based Health Information, the community can assess their achievement and progress. CHVs collect and analyze the Community Based Health Information together with SAC/SHCC and support the community to see and think together: Have we changed and how? Are we succeeding? Are fewer people sick? Has behavior changed? How do we know? What further action is needed?

6. Referral

Close attention to the families and proper identification of danger signs makes it possible for CHVs to refer those who need professional health services in good time. Prompt referral often can save the life of community member and prevent from worsening the situation intentionally pregnant women and children.

Facilitative Attitudes for CHVs

Experts	Facilitators
Believe only they know people's problems & their solutions; Only lecture to provide knowledge and skills to people; Instruct and advise people; Mobilize their own expertise; Do not care how people feel.	Believe people have the strength to respond to their challenges; Use different methods of think, learn and share together with people; Help people to reveal their strengths and come up with solutions for their challenges by themselves; Connect people with others; Try to make people feel comfortable & confident.

As you work as CHVs in our communities, it is important to remember what you believe about others (they have strengths) and how we will behave as we enter communities (SALT). The right amount of SALT will make people want more and more!

<ul style="list-style-type: none"> Smile Share 	<ul style="list-style-type: none"> Appreciate Accept 	<ul style="list-style-type: none"> Listen Love (empathy) Look 	<ul style="list-style-type: none"> Think 
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1. We are all human beings. We all have strengths.

2. If we believe the people in our community have strengths, we will want to behave in a SALTY way.

3. When we behave in a SALT Y way, people will feel confident to own their own solutions.

SALT is a Way of Thinking and a Way of Behaving

S STIMULATE	A CHV is able to STIMULATE reflection and action by community members. This is done by looking for and appreciating the STRENGTHS that people have and not just focusing on problems or weaknesses.
A APPRECIATE	A CHV can APPRECIATE what people in a community are already doing. So as a CHV enters a community, the first attitude is not one of looking for all the problems and weaknesses, but rather one of appreciating what is already working.
L LEARN	The CHV is in the community to LEARN and understand the strengths of people to manage their own lives.
T TRANSFER	When people feel appreciated, and know that they have the strengths to affect change in their own lives and in the community, then TRANSFER begins to happen. TRANSFER happens when community members link to others to influence change. For example, as mothers begin to show the benefits of exclusive breast-feeding with healthy children, then other mothers in the community begin to practice the same behavior. In addition to the above, the transfer can also happen as an outcome of people's relationships and the human capacity to influence behavior. As other individuals and neighbouring communities notice what is happening, they get stimulated, desire change and strive to be active in their own response.

Problem-Solving

Identifying Community Problems and Analyzing their Root Causes

When we look at our community resources, we find that we have a lot of them. However, it is also true that we are always confronted with problems and that is why problem-solving is important.

What is a Problem?

A problem is a challenge or a situation that requires a solution.

- Most problems are solvable (or partially solvable, or at least improvable).
- We can do something about them.
- Problems are opportunities to make some good things happen. If it were not for problems, what would be our motivation to create change?
- Problems are challenges. They call upon the best of our abilities, and ask us to go beyond what we thought we could do. They make life interesting, and, at least sometimes, fun. Without problems, life can be pretty boring.

Problem solving using Five Whys”

Understanding why something happened, is the way it is.

Example:

- Mother is not breastfeeding – Why?
- They feel uncomfortable taking their gown off – Why?
- The gown opens at back, so they have to take entire gown off to breastfeed, so they feel uncomfortable – Why? They have this type of gown?
- That is what store keeper orders.
- Why does not store keeper order gown appropriate for breast feeding?
- Because no one has requested to him to do that.

To solve a problem, we need to look at the problem critically and analyse the root causes of the problem.

Sustaining Community Health Services/Projects

Anyone who can take responsibility for the improvement of the community can be a community leader and community leaders can make a difference in their communities. We can keep improving our community by utilizing our own resources to solve our problems by ourselves.

The following are true stories showing how communities can sustain Community Health Services in their community through their leadership skills.

Story 1: Mama Hope’s Garden

Mama Hope is a mother of 4 children in Bahati village in Kilifi County, Kenya. She is concerned about the health of her children because she thought that the meals, she prepared for her family were not balanced enough especially for her growing children. Indeed, she had to spend 3 shillings to buy one leaf of Sukumawiki last year and the high price was too much for her.

One day, she visited her mother’s house in a neighboring province and found Sukumawiki and other vegetables like onions grew in a gunny sack (gunia) in her yard. Hope asked her mother what it was and her mother told Hope, “One day, one of the farmers in our village called a meeting and taught us how to grow vegetables in a gunny sack. We call it ‘multi-story garden’ or ‘gunia garden’. All villagers in my village started doing it because it is very simple to do; one needs a gunia, seedlings, and a little water then we can have enough Sukumawiki for the family. I even sell some of the leaves and onions to others when I harvest more than enough for my family!” Hope walked around the village and discovered many households had the same. She asked her mother to teach her how to make it and her mother showed her the way. As soon as Hope returned to her home, she made a gunia garden as she was taught by her mother.

After a month, she started harvesting Sukumawiki and other local green vegetables and found the garden producing plenty with a little amount of water. She is now happy because she can cook green vegetables for her family every day and even get other kinds of vegetables like tomatoes with the money, she gets from selling hers. Her neighbors kept visiting and asking her how to make it and hope gratefully teaches her neighbors about the technique.

Story 2: Community Constructed a Bridge for Better Access to School and Health Services in Kendwa Village.

Villagers in Kendwa Village had suffered from long-lasting short rainfalls for the last several years but they finally received enough rainfall last season. Villagers were happy for the blessing of the rain and worked very hard in their farms, however, after a few days of having heavy rain, the villagers found a deep ditch across the village and the ditch cut the only pathway in the village to go to market, school and health centre.

School kids going to school, women going to the market and any sick villagers seeking health services had to follow a very long route which took 2 hours. A few weeks after the rainfall stopped, the villagers had a community meeting. A pregnant woman shared her experience and said that it was very tough for her to walk for 2 hours to reach the clinic for antenatal care while it could be 45 minutes if the pathway was passable.

One CHV stood up and said, "I think it is not wise to keep complaining because it will not change our situation at all! Let's think and discuss what we can do to improve our way. What is the best way forward then?" All the participants were thinking for a while and a man courageously stood and said, "Since we are the only people to make the pathway passable, why don't we discuss how we can work on it together?"

The participants agreed with his suggestion, discussed and decided that all villagers would meet and work together to bring hard soil from the neighbouring village and fill a part of the ditch with the soil to make a bridge every Wednesday and Saturday afternoon.

The villagers, including men, women and adolescents gathered twice a week and worked hard to make the bridge. After one month, the bridge was completed, and the villagers celebrated the completion and started passing from one side to the other through the bridge. The bridge made the life of villagers easier and the villagers started planting tree seedlings around the bridge to prevent the bridge from soil erosion with the support of the forestry service.

Community Meeting

- * A community meeting is a mutual continuous exchange of views, ideas and opinions about an issue or a concern.
- * Meeting is one of the most important strategies in the Community Strategy to make people's behavior and community change.
- * Organizing and facilitating Community meetings is done by the SAC, while the mobilization is done by the CHVs.

Characteristics of Community Meetings

- * It involves interactive communication between two or more parties, aimed at reaching a common understanding on issues for the purpose of taking action.
- * Dialogue meetings are held quarterly (4 times in a year) and members who participate include SAC, CHVs, and other Health Management teams, partners and members of the public.

Importance of Community Meetings

Seek to Satisfy Everyone's Needs

- * Win-win solutions λ Find others' strengths
- * Look upon others as a friend
- * Open up the communication
- * Ask questions and show that you want to learn
- * Create energy by listening actively, asking, inspiring in a positive way, and getting involved
- * Seek more solutions.

1. Setting the stage:

Making an entrance into the community leadership and community structures (CHC, HFMC, County administration).

2. Organized group identification and mapping:

Knowing which organized groups exist in the community, where they are and what they do.

Steps in Carrying Out Community Meeting

3. Making visible the unexpressed needs:

Helping the communities to identify the most important needs and how to address them.

4. Making organized group action plans:

Based on the needs and the current status, the community will make plans on how to achieve what they want to be in the future.

5. Ensuring sustained dialogue and results for development:

Linking communities and services, supporting the organized groups to carry on by themselves.

Facilitating Community Meetings

<p>Community Meetings can Translate the Problem to Become a Community Concern</p> <p>The chalkboard can help generate issues for dialogue in the community.</p> <p>The trend of the indicators on the chalkboard can guide the dialogue by the community members asking themselves why the numbers are increasing or decreasing based on their community experiences.</p>	<p>Plan Health Action Days Based on Community Dialogue</p> <p>Linking community dialogue to action day Like dowry negotiations lead to a wedding day, so does a meeting day lead to an action.</p> <p>The community should make an action plan during the meeting day, and the action plan is implemented on Action Day.</p> <p>This means action day are held as per the Action plans.</p> <p>The frequencies of the Action Days will be determined by the priority needs of the community.</p>	<p>What is Action Planning?"</p> <p>In some ways, an action plan is a "heroic" act: it helps us turn our dreams into reality. An action plan is a way to make sure your community's vision is made concrete. It describes the way your group will use its strategies to meet its objectives. An action plan consists of a number of action steps or changes to be brought about in your community.</p> <p>Each change to be sought should include the following information in an action plan:</p> <ul style="list-style-type: none"> * Where do we want to go? (Change we want to have); * From where? (Baseline, or our current situation); * How we can know where we are? (The way for measuring our change); * How can we reach there? (Actions to be taken for the change); * Who will take the action? * By when do we expect the action to be done? * What resources are needed to carry out our actions?
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Criteria for a Good Action Plan:

- Complete? - Does it list all the action steps or changes to be sought in all relevant parts of the community (e.g. schools, business, government, Faith community)?
- Clear? Is it apparent who will do what by when?
- Current? Does the action plan reflect the current work?
- Does it anticipate newly emerging opportunities and barriers?
- To make an action plan, we need to know where we are now and based on that, we can determine what actions we need to do to reach where we want to reach.
- Therefore, knowing current situation by collecting and interpreting information from the community is very important for our activity.
- Action planning can be done after conducting Household visitation and community survey because we can only know the exact situation of our community.
- Can use observation as data to describe the current situation in the community to develop an action plan till the result of the Household visitation and survey is availed.

HAND BOOK FOR SAC & CHV – SWAHILI VERSION

Kuharakisha Maendeleo katika Sekta ya Afya

Dira (Vision)

Dira yetu ni kuwa na jamii mahiri, stahamilivu, iliyochangamka na endelevu katika Visiwa vya Unguja na Pemba.

Mbinu Yetu

Kufanya kazi na watu ambao tunafanya kazi nao ili kuondoa kero na changamoto katika jamii na kuwa na ujasiri kupitia muundo wa kuimarisha, kufungua ufikiaji na kujenga uwezo kwa msisitizo wa kufanya kazi kutoka ngazi ya chini.

Kipimo cha Matokeo

- * Kuboresha mfumo wa usimamizi wa rasilimali watu na zahanati ili kutoa huduma bora za Afya ifikapo mwaka 2026.
- * Kuboresha Afya na ustawi wa wanawake na Watoto katika jamii husika ifikapo mwaka 2026.
- * Kuboresha usafi wa mazingira, na maji katika jamii husika ifikapo mwaka 2026.
- * Kuboresha ulaji wa chakula bora miongoni mwa wanawake na Watoto walio katika mazingira magumu katika jamii husika ifikapo mwaka 2026.

Dhamira (Mission)

Dhamira yetu ni kuharakisha maendeleo katika sekta ya afya kupitia jamii katika maeneo ya vijijini kupitia mpango wa maendeleo endelevu na kamilifu.

Mikakati Yetu

Inatokana na Imani kwamba watu tunaofanya nao kazi wataunga mkono katika nafasi nzuri zaidi kushuhulikia changamoto zinazowakabili kwa kuunga mkono kazi za Milele Zanzibar Foundation za program za uwezesaji.

Wahusika Wetu Wakuu katika Jamii

- * Timu ya Usimamizi wa Afya ya Wilaya.
- * Wafanya kazi wa vituo vya Afya Husika.
- * Kamati za Masahuriano za Shehia.
- * Wahudumu wa Kujitolea wa Afya ya Jamii.
- * Wakunga wa Jadi.

Shughuli Zilizopangwa Kufanyika katika Jamii

1. Kuboresha ustawi wa wanawake na kujifingua salama;
2. Kusaidia wafanyakazi wa vituo kuendesha huduma za mama na mtoto katika sehemu ambazo ni mbali kufikiwa katika jamii;
3. Kusaidia CHV kufanya ziara za majumbani kwa utambuzi wa mapema wa wajawazito, kutoa ushauri juu ya huduma za Afya mama na mtoto, lishe na rufaa;
4. Kuendeleza huduma za mama na mtoto kwa vikundi katika vituo vya Afya husika;
5. Kuboresha ulaji wa chakula miongoni mwa wanawake na Watoto walio katika mazingira magumu katika jamii husika;
6. Kuhamasisha ulaji wa vyakula vya lishe katika jamii husika;
7. Kusaidia wajawazito kuanzisha bustani za nyumabni za mbogamboga katika jamii;
8. Kuoza elimu ya Afya kwa wahusika wakuu (key players) kuhusu elimu ya lishe bora kawa afya za mama na watoto;
9. Kuongeza ufahamu wa Jamii kuhusu huduma za mama na mtoto, usafi wa maji na mazingira.

Utangulizi

Dira/Ndoto za Jamii:

Usitupe ndoto ya mtu yeyote ingawa ni tofauti na wengine. Nimuhimu kujumuisha ndoto za kila mtu katika picha kubwa ili kila mtu ahisi umiliki wa kikundi na ndoto ya jumuiya na atataka kuhusika zaidi katika kufanikisha ndoto hiyo.

Maoni ya pamoja ya wanajamii juu ya jumuiya wanayoitaka ni muhimu kuwaongoza katika vitendo, Wahusika wote muhimu wanapaswa kuelewa na kutoa maoni ya jamii.

Huduma za Afya ya Jamii

Dira

Watu wenye Afya nzuri ni wanaoishi na Afya njema na wanaoishi katika jamii imara na hai na jamii inayounda taifa lenye afya na uchangamfu.

Mtazamo

Ili jamii kuwa na Afya ni jamii yenyewe kuwa na njia ya kuleta mabadiliko kwa kuleta maendeleo kutoka ngazi ya jamii kwa kuanzisha Huduma za Afya ya Jamii zinazolingana, zenye ufanisi ndani ya Zanzibar nzima. Hii pia ni njia na ni mchango mkubwa wa kufikia malengo, dira na mitazamo ya Milele Zanzibar Foundation mwaka 2026 inayochangia kwa kasi kuwa na jamii yenye afya na uchangamfu.

Huu ni mchango wa kufikia matokeo yanayotarajiwa ya Milele Zanzibar Foundation 2026 ili kuleta jamii yenye afya na uchangamfu ambayo inachangia kwa kiasi kikubwa taifa lenye afya na uchangamfu.

“Ni nini hufanya watu wenye afya njema na jamii yenye afya?”

Nini hufanya watu wenye afya?

Afya ni zaidi ya kutokuwepo kwa ugonjwa. Ni hali bora zaidi ya ustawi: kiakili, kimwili, kihisia na kiroho. Afya ni utimilifu, Inajumuisha hisia ya kuwa na jamii inayoudhibiti wa maisha yao. Afya bora ni matokeo ya watu kutambua uwezo wao na kuishi katika jamii inayofanya kazi.

“Jumuiya” inaweza kuwa kila kitu kutoka kitongoji cha vijijini hadi mkoa wa mjini, Inaweza kuwa mahali pa kazi au kikundi cha maslahi na imani ya pamoja. Jumuiya yetu ni mahali tulipo na tulipo pamoja.

Jumuiya yenye afya ni nini?

Ni mahali ambapo panaendela kuunda na kuboresha mazingira yake ya kimwili na kijamii, na kupanua rasilimali zake za jumuiya. Hili huwezesha watu kusaidiana katika kufanyia kazi zote za Maisha na katika kujiendeleza kwa uwezo wao wa juu.

Jumuiya yenye afya sio tu mahali pazuri, lakini ni hali ya uboreshaji. Jumuiya inayojenga utamaduni unaounga mkono uchaguzi wa Maisha yeneye afya na ubora wa juu wa maisha. Jamii inayolingana na mazoea mazoea na sera katika jamii na matumizi ya rasilimali ili kuweza kujiendeleza.

Mambo yanayoleta Afya na Maendeleo

Mambo yanayokuza afya na maendeleo

Kuchukuwa hatua ya kutafuta ufumbuzi wa matatizo;
Usafi wa kibinafsi na mazingira salama;
Haki katika uhusiano;
Miundo mbinu kama vile barabara nzuri, umeme, shule na hospitali zinazotunzwa vizuri;
Fursa – Washiriki wa kimaendeleo (NGOs/CBOs, FBOs), wanaotekeleza shughuli mbalimbali za afya na maendeleo katika jamii;
Mtaji wa watu – Upatikanaji wa elimu, huduma za afya, mazingira salama, makazi, hifadhi ya jamii, ustawi wa jamii, n.k;
Nafasi na uongozi wa kidemokrasia;
Kuheshimu haki za kimsingi za kibinaadamu za watu wote, bila kujali jinsia au umri;
Uundaji wa ajira, na uzalishaji wa rasilimali;
Kujenga uwezo wa jamii ili kuboresha maarifa na ujuzi;
Ushirikiwa jamii na ushirikishaji katika shughuli za maendeleo;
Kujitayarisha na kuzuia maafa.

Mambo yanayokwamisha afya na maendeleo

Umasikini na ukosefu wa rasilimali, Ukosefu wa ajira;
Uwiano wa utegemezi (familia);
Utegemezi (hakuna kazi);
Ukosefu wa mipango;
Ukosefu wa sauti ya watu binafsi katika maamuzi yanayowahusu; Imani za kitamaduni, mila na mitazamo;
Kutojua kusoma na kuandika, ukosefu wa maarifa na ujuzi;
Upatikanaji na ubora wa ardhi;
Miundombinu duni;
Mazingira ya kisiasa, uongozi mbovu, sera mbovu;
Rushwa/ukosefu wa uwazi na uwajibikaji;
Majanga (ya asili na yanayosababishwa na wanadamu);
Magonjwa hasa, magonjwa sugu;
Kutokuwa na usalama.

Kumbuka:

Afya bora inakuwa na maendeleo ya jamii, na maendeleo mazuri ya jamii yanakuwa kwa afya bora za watu.
Maendeleo duni katika jamii yanachangia kuongezeka kwa matatizo ya kiafya kama magonjwa ya kawaida na upatikanaji duni wa huduma za afya.

Ushirikiano wa Afya na Maendeleo ya Jamii

Umuhimu wa Ubia katika Kuboresha Afya ya Jamii

Ubia unaweza kumaanisha wabia binafsi au taasisi wanaofanya kazi pamoja ili kubadilishana rasilimali, mawazo na uzoefu ambao unasaidia na kuimarisha kazi ya kila mmoja ili kufikia lengo lao moja kwa njia bora zaidi.

Ubia unaweza kujengwa kwa kuzingatia uaminifu, usawa na maelewano ya pande zote. Jumuiya zinapokutana, shule hufaulu, ujirani huwa salama, uhalifu hupungua, watu wazima na vijana huhisi salama, na vijana hutambua uwezo wao. Ndiyo maana ushirikiano wa jumuiya huendeleza uhusiano na watu binafsi, vitongoji, jumuiya ya imani na mashirika mengine ili kutambua matatizo na masuala na kisha kufanya kazi pamoja ili kuendeleza ufumbuzi.

Washiriki Wakuu wa Afya katika Jamii & Majukumu yao

Wafanyakazi wa Kujitolea wa Afya ya Jamii (CHV): Wafanyakazi wa kujitolea hutoa huduma za kiwango cha 1 na kusaidia jamii katika mipango yao ya kuboresha hali yao ya afya.

Kamati ya Ushauri ya Shehia na Kamati ya Mlezi wa Afya ya Shehia (SAC/SHCC): Ni baraza la utawala; lina wawakilishi kutoka makundi mbalimbali ambao hutoa uongozi kwa ajili ya kusimamia huduma na shughuli za kiwango cha 1 na kujenga ushirikiano na washikadau. Kusaidia CHV kitaalamu kupitia usimamizi na ushauri na kuimarisha uhusiano kati ya mifumo ya juu ya afya.

**Majukumu ya
 Kamati za Ushauri
 za Shehia**

1. Kwa kuwa wanajamii wanawakilisha sehemu kubwa ya watu, wanajamii wote hawawezi kupanga na kutekeleza huduma za afya kwa pamoja. Kwa hivyo, dhana ya uwakilishi inapaswa kutumika kwa mazingira haya;
2. Kamati za Ushauri za Shehia na kamati za walezi kwa ajili hiyo hiyo ndio nguzo za kisheria na udhibiti ili kutoa uwakilishi wa jamii kwa kusimamia na kuratibu huduma za afya katika ngazi ya shehia. Ifuatayo ni mipango inayohusiana na utekelezaji wa SAC:

Wajibu na Majukumu ya SAC/SHCCs

1. Kuweza kuunganishwa kati ya jamii na wahudumu wa kituo cha afya kupitia mikutano ya robo mwaka au ya dharura **(Uratibu)**
2. Kuhifadhi taarifa zinazohusiana na afya kutoka vyanzo mbalimbali katika jamii, kwa kuzingatia taarifa za afya kutoka kwa kaya au familia **(Ufuatiliaji)**
3. Kuwakilisha katika ngazi ya kituo cha afya kwa madhumuni ya kufuatilia na kusimamia rasilimali fedha kwa kuzingatia masuala ya afya katika kituo cha afya.
4. Kuanzisha, kuhimiza na kushiriki kikamilifu katika shughuli zinazohusiana na afya kama vile siku za afya, kufanya kampeni za afya, na sherehe za kitaifa, kwa kushirikiana na jamii **(Uongozi na Uratibu)**
5. Kufanya tafiti za jamii pamoja na tafiti za shule ili kubaini mahitaji ya afya, kuchambua na kutafsiri taarifa zilizokusanywa na kuzipa kipaumbele na kuziunganisha katika mpango wa utekelezaji wa kutatua masuala yanayohusiana na afya katika jamii **(Ufuatiliaji)**
6. Kuanzisha na kuimarisha mipango ya maendeleo ya serikali za mitaa, kwa kushirikiana na serikali, asasi za kiraia na sekta binafsi **(Uongozi na Uratibu)**
7. Kutoa ripoti za robo mwaka kutoka kwa jamii na vituo vya afya, kuwasiliana na SAC/SHCCs kufuatilia shughuli za afya, matokeo na athari kwa lengo la kuonyesha mahitaji ya utoaji wa huduma **(Ufuatiliaji)**
8. Kuunganisha majukumu ya afya kati ya uongozi wa juu kupitia Sheha na jamii wakati wa milipuko **(Uratibu)**
9. Kujadili mpango wa utekelezaji na ripoti za robo mwaka kutoka kituo cha afya na watoa huduma za afya **(Uongozi)**
10. Awe mshauri wa masuala yote ya afya kwa Sheha na Kamati za Ushauri za Shehia **(Uongozi)**
11. Kuhamasisha na kuendeleza Wahudumu wa Afya ya Jamii wa Kujitolea **(Uongozi)**

Majukumu ya CHVs katika Jamii

“Kama CHVs”, sisi ni wawezeshaji wa mabadiliko ya watu na kuwasaidia kufikia ndoto zao kuhusu maisha yenye afya. Tunajenga mahusiano kama CHV kupitia ziara zetu za nyumbani, kusikiliza, kuthamini watu, nk.

Imani tunayojenga na watu katika jumuiya zetu itaamua jinsi walivyo wazi kupokea taarifa za afya ambazo tunapaswa kushiriki. Kuna baadhi ya matatizo ambayo hayawezi kutatuliwa na watu binafsi au familia katika jamii. Matatizo kama haya yanahitaji ushiriki mpana wa jamii kutatua.

Wanachama wanaohusika katika kutatua matatizo wanaweza kujumuisha wahudumu wa afya, wazee wa kijiji, viongozi wa kidini, n.k. Jamii inaweza 'kupima' maendeleo yao wenyewe kupitia Majukwaa ya Mikutano, Taarifa za Pamoja za Afya ya Jamii, Siku za Afya, Taarifa za Kituo cha Afya, Rekodi Zilizopo, ripoti nyinginezo) ”

Majukumu ya CHVs yaliyofafanuliwa katika Muongozo wa Mkakati wa Afya ya Jamii

1. Kuiongoza jamii jinsi ya kuboresha afya na kuzuia magonjwa kwa kufuata mazoea yenye kiafya;
2. Kukuza na kuboresha huduma na shughuli za RMNCH;
3. Kutambua, kuwagundua mama wajawazito wa mapema na kuwapa rufaa;
4. Kutoa rufaa za mama na mtoto kwenye vituo vya afya vilivyo karibu;
5. Kukuza tabia ya kutafuta ushauri na kufuata matibabu na ushauri katika vituo vya afya;
6. Kutembelea nyumba ili kubaini hali ya afya na kuanzisha mazungumzo na wanakaya kuchukua hatua zinazofaa za kuboresha;
7. Kukuza utunzaji unaofaa wa nyumbani kwa wagonjwa na kuwapa rufaa;
8. Kushiriki katika mikutano ya kila mwezi ya kitengo cha afya ya jamii na siku za utekelezaji zinazoandaliwa na SAC/SHCC;
9. Kuwa tayari kwa jamii kujibu maswali na kutoa ushauri.
10. Kuwa mfano na kielelezo cha tabia njema ya afya;
11. Kuhamasisha wanajamii kufuata mazoea ya kukuza afya;
12. Kuandaa, kuhamasisha na kuongoza shughuli za afya za kijiji;
13. Kutunza ripoti za kijiji na kutunza kumbukumbu za matukio yanayohusiana na afya ya jamii;
14. Kuripoti matatizo yoyote mahususi ya kiafya, wamekumbana nayo ambayo yanahitaji kuletwa kwa viwango vya juu.

Kazi na Shughuli za CHV

7. Ziara za Kaya

Ziara za kaya hutoa fursa kwa CHV kujifunza kukaa kando nao na kujionea yale ambayo familia inapitia. Ziara ya nyumbani inakuwa mahali pa kushiriki faragha, ambapo wasiwasi, hasara, huzuni na matumaini huonyeshwa.

Kulingana na kile kinachoshirikiwa na familia, CHVs zinaweza kusaidia familia kupitia ushauri nasaha, kufikiria njia ya kusonga mbele pamoja, kutoa ushauri n.k. ili kukuza tabia zao zenye afya na mazingira pamoja na kutoa matunzo ambayo familia inahitaji.

8. Uwezeshaji wa Mazungumzo ya Ujirani

Mazungumzo yanayofanyika majumbani hupanuka haraka na kujumuisha kaya zingine, kupitia miunganisho ya uhusiano kati ya wenyeji. Majirani wanatazama na wanatamani kujua kuhusu kutembelewa na CHV. Familia moja inaweza kuanzisha nyingine. Mialiko ya kurudi na kuzungumza inatoka katika nyumba nyingine. CHV husaidia kuunganisha majirani kwa kila mmoja kwa kujumuisha watu wa eneo hilo katika kutembelewa. Kuna kuongezeka kwa kushiriki na kukiri ndani na kati ya familia.

9. Mkutano wa Jamii

Matembezi ya nyumbani na mazungumzo ya ujirani yanapoendelea, watu wanataka kuzungumza kwa uwazi na pamoja kuhusu mahangaiko yao ya pamoja. CHV wanajukumu kubwa katika ukusanyaji wa taarifa ambazo hufupishwa na kujadiliwa katika siku za robo mwaka za mikutano ya Jumuiya.

Siku ya Mikutano ya Jamii inatoa fursa kwa jamii kushiriki katika kuelewa furaha na mahangaiko yaliyopo katika jamii kama inavyoonyeshwa katika taarifa zilizowasilishwa kutoka kwa kaya kwa ajili ya majadiliano.

Kuwa na mkutano wa jamii, kushirikishana Taarifa za Afya ya Jamii zilizokusanywa na kuchambuliwa na CHV zinaweza kusaidia jamii kuelewa hali zao na kufanya maamuzi kwa hatua zaidi.

10. Siku ya Afya ya Jamii

Wakati wa Mazungumzo ya Jumuiya, maamuzi hufanywa kwa ajili ya mabadiliko. Wanajamii wana wajibu wa pamoja wa ratiba ya kuchukua hatua za afya kulingana na asili na ukubwa wa matatizo ya afya yaliyotambuliwa.

11. Usimamizi wa Taarifa za Afya ya Jamii

Kwa kutumia Taarifa za Afya ya Jamii, jamii inaweza kutathmini mafanikio na maendeleo yao. CHV hukusanya na kuchambua Taarifa za Afya ya Jamii pamoja na SAC/SHCC na kusaidia jamii kuona na kufikiria pamoja: Je, tumebadilika kiasi gani? Je, tunafanikiwa? Je, watu wachache ni wagonjwa? Je, tabia imebadilika? Tunajuaje? Ni hatua gani zaidi inayohitajika?

12. Rufaa

Uangalifu wa karibu kwa familia na utambuzi sahihi wa dalili za hatari huwezesha CHV kuwapa rufaa wale wanaohitaji huduma za kitaalamu za afya kwa wakati. Rufaa ya haraka mara nyingi inaweza kuokoa maisha ya mwanajamii na kuzuia hali kuwa mbaya zaidi kimakusudi kwa wanawake wajawazito na watoto.

Mitazamo Elekezi kwa CHVs

Wataalamu	Wawezeshaji
<p>Wanaamini wao tu wanajua shida za watu na suluhisho zao;</p> <p>Mihadhara pekee ili kutoa maarifa na ujuzi kwa watu;</p> <p>Kuwafundisha na kushauri watu;</p> <p>Kuhamasisha utalamu wao wenyewe;</p> <p>Usijali jinsi watu wanavyohisi.</p>	<p>Wanaamini watu wana nguvu za kukabiliana na changamoto zao;</p> <p>Tumia mbinu mbalimbali za kufikiri, kijifunza na kushiriki pamoja na watu;</p> <p>Wasaidie watu kufichua uwezo wao na wapate suluhisho la changamoto zao wao wenyewe;</p> <p>Kuunganisha watu na wengine;</p> <p>Jaribu kuwafanya watu wajisikie vizuri na kujiamini.</p>

Unapofanya kazi kama CHV katika jamii zetu, ni muhimu kukumbuka kile unachoamini kuhusu wengine (wana nguvu) na jinsi tutakavyofanya tunapoinjia kwenye jumuiya (SALT). Kiasi sahihi cha SALT kitawafanya watu kutaka zaidi na zaidi!

<ul style="list-style-type: none"> • Smile – Tabasamu • Share – Shiriki 	<ul style="list-style-type: none"> • Appreciate – Thamini • Accept – Kubali 	<ul style="list-style-type: none"> • Listen – Skiliza • Love – Upendo • Look – Angalia 	<ul style="list-style-type: none"> • Think – Fikiri 
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4. Sisi sote ni wanadamu. Sisi sote tuna nguvu.

5. Ikiwa tunaamini watu katika jamii yetu wana nguvu, tutataka kuwa na tabia ya SALT.

6. Tunapoishi kwa njia ya SALT, watu wtajiamini kumiliki masuluhisho yao wenyewe.

SALT ni Njia ya Kufikiri na Tabia

S ANZISHA	CHV ina uwezo wa KUANZISHA na kutafakari na vitendo vya wanajamii. Hili linafanywa kwa kutafuta na kuthamini NGUVU walizonazo watu na si kuzingatia matatizo au udhaifu pekee.
A THAMINI	CHV wannaweza KUTHAMINI kile ambacho watu katika jumuiya tayari wanafanya. Kwa hiyo CHV inapoingia katika jumuiya, mtazamo wa kwanza si kuangalia matatizo na udhaifu wote, bali ni kuthamini kile ambacho tayari kinafanya kazi
L JIFUNZE	CHV iko katika jamii ili KUJIFUNZA na kuelewa uwezo wa watu kusimamia maisha yao wenyewe.
T UHAMISHO	Wakati watu wanahisi kuthaminiwa na kujua kwamba wana nguvu za kuathiri mabadiliko katika maisha yao na jamii, UHAMISHO huanza kutokea. UHAMISHAJI hutokea wakati wanajamii wanaunganishwa na wengine ili kushawishi mabadiliko. Kwa mfano, akina mama wanapoanza kuonyesha manufaa ya kunyonyesha mtoto pekee wakiwa na watoto wenye afya njema, basi akina mama wengine katika jamii huanza kuzoea tabia hiyo hiyo. Mbali na hayo hapo juu, uhamishaji unaweza pia kutokea kama matokeo ya mahusiano ya watu na uwezo wa binadamu kuathiri tabia. Watu wengine na jamii jirani wanapogundua kinachoendelea, wanachangamshwa, wanatamani mabadiliko na kujitahidi kuwa hai katika mwitikio wao wenyewe.

Tatua Tatizo

Kutambua Matatizo ya Jamii na

**Kuchambua
Chanzo Chake**
Tunapoangalia rasilimali zetu za jamii, tunagundua kuwa tunazo nyingi. Hata hivyo, ni kweli pia kwamba sikuzote tunakabiliwa na matatizo na ndiyo maana kutatua matatizo ni muhimu.

Tatizo ni Nini?

Tatizo ni changamoto au hali inayohitaji ufumbuzi.

- Matatizo mengi yanaweza kutatuliwa (au yanaweza kutatuliwa kwa sehemu, au angalau yanaweza kuboreshwa).
- Tunaweza kufanya kitu kuondoa matatizo.
- Matatizo ni fursa ya kufanya baadhi ya mambo mazuri kutokea. Kama isingekuwa matatizo, ni nini kingekuwa motisha yetu ya kuleta mabadiliko?
- Matatizo ni changamoto. Zinatoa wito kwa uwezo wetu ulio bora zaidi, na kutuo fursa ya kuende mbali zaidi ya yale tuliyofikiri tunaweza kufanya.
- Matatizo yanafanya maisha kuwa ya kuvutia, na, angalau wakati mwingine, ya kufurahisha. Bila matatizo, maisha yanaweza kuwa ya kuchosha sana.

Kutatua matatizo kwa kutumia Sababu Tano

Kuelewa kwa nini kitu kilitokea, ndivyo ilivyo. **Mfano:**

- Mama hawanyonyeshi - Kwa nini?
- Wanajisikia vibaya kuvua gauni zao - Kwa nini?
- Gauni hufunguka nyuma, kwa hivyo inawabidi wavue gauni lote ili wanyonyeshe, ili wasijisikie vizuri - Kwa nini? Je, wana aina hii ya gauni?
- Hivyo ndivyo mshoni alivyoagiza
- Kwa nini mshoni hajashona gauni kwa ajili ya kunyonyesha?
- Kwa sababu hakuna mtu amemwambia ashone hivyo

Ili kutatua tatizo, tunahitaji kuangalia tatizo kwa kina na kuchambua sababu za msingi za tatizo.

Kuendeleza Huduma/Miradi ya Afya ya Jamii

Yeyote anayeweza kuchukua jukumu la uboreshaji wa jamii, anaweza kuwa kiongozi wa jumuiya na viongozi wa jamii wanaweza kuleta mabadiliko katika jamii zao. Tunaweza kuendelea kuboresha jamii zetu kwa kutumia rasilimali zetu wenyewe kutatua matatizo yetu sisi wenyewe. Zifuatazo ni hadithi za kweli zinazoonyesha jinsi jamii zinavyoweza kuendeleza Huduma za Afya ya Jamii katika jamii zao kupitia ujuzi wao wa uongozi.

Hadithi ya 1: Bustani ya Mama Hope

Mama Hope ni mama wa watoto wane katika kijiji cha Bahati, katika Kaunti ya Kilifi, Kenya. Anahangaikia afya ya watoto wake kwa sababu alifikiri kwamba chakula alichotayarisha kwa ajili ya familia yake havikuwa na uwiano wa kutosha hasa kwa watoto wake wanaokua. Hakika, ilimbidi kutumia shilingi 3 kununua jani moja la Sukumawiki mwaka jana na bei yake ilikuwa ya juu sana kwake. Siku moja, alifembelea nyumba ya mama yake katika mkoa wa jirani na kukuta Sukumawiki na mboga nyingine kama vitunguu vilivyokua kwenye gunia la bunduki kwenye ua wake. Hope alimuuliza mama yake ni nini na mama yake alimwambia Hope, "Siku moja, mmoja wa wakulima katika kijiji chetu alitisha mkutano na kutufundisha jinsi ya kupanda mboga kwenye gunia la bunduki.

Tunaiita 'bustani ya hadithi nyingi' au 'ubunifu wa gunia'. Wanakijiji wote katika kijiji changu walianza kuifanya kwa sababu ni rahisi sana kuifanya; mtu anahitaji gunia, miche, na maji kidogo ndipo tupate Sukumawiki ya kutosha kwa familia. Hata baadhi ya majani na vitunguu huwauzia wengine ninapovuna zaidi ya kutosha kwa ajili ya familia yangu!" Tumaini alizunguka kijijini na kugundua kaya nyingi zilikuwa sawa. Alimuomba mama yake amfundishe namna ya kutengeneza na mama yake akamuonyesha njia. Mara tu Hope aliporudi nyumbani kwake, alitengeneza bustani ya gunia kama alivyofundishwa na mama yake.

Baada ya mwezi mmoja, alianza kuvuna Sukumawiki na mboga nyingine za kienyeji na kukuta bustani hiyo ikizalisha maji mengi kwa kiasi kidogo. Sasa anafuraha kwa sababu anaweza kupika mboga za majani kwa ajili ya familia yake kila siku na hata kupata mboga za aina nyingine kama nyanya kwa pesa anazozipata kwa kuuza zake. Majirani zake waliendelea kumtembelea na kumuuliza jinsi ya kuifanya na tunatumai kwa shukrani kuwafundisha majirani zake kuhusu mbinu hiyo.

Hadithi ya 2: Jamii Ilijenga Daraja la Upatikanaji Bora wa Huduma za Shule na Afya katika Kijiji cha Kendwa.

Wanakijiji katika Kijiji cha Kendwa waliteseka kutokana na mvua fupi za muda mrefu kwa miaka kadhaa iliyopita lakini hatimaye walipata mvua za kutosha msimu uliopita. Wanakijiji walifurahishwa na baraka ya mvua na walifanya kazi kwa bidii katika mashamba yao, hata hivyo, baada ya siku chache za mvua kubwa, wanakijiji walipata shimo kubwa katika kijiji na mtaro huo ulikata njia pekee katika kijiji cha kwenda. soko, shule na kituo cha afya.

Watoto wa shule wanaokwenda shule, wanawake wanaokwenda sokoni na wanakijiji wagonjwa wowote waliokuwa wakitafuta huduma za afya walilazimika kufuata njia ndefu ambayo ilichukua saa 2. Wiki chache baada ya mvua kunyesha, wanakijiji walikuwa na mkutano wa jumuiya. Mwanamke mjamzito alielezea uzoefu wake na kusema kwamba ilikuwa vigumu sana kwake kutembea kwa saa 2 kufika kliniki kwa ajili ya huduma ya ujauzito wakati inaweza kuwa dakika 45 ikiwa njia ingepitika.

CHV mmoja alisimama na kusema, "Nadhani si busara kuendelea kulalamika kwa sababu haitabadili hali zetu hata kidogo! Hebu tufikirie na tujadili kile tunachoweza kufanya ili kuboresha njia yetu. Ni ipi njia bora ya kusonga mbele?" Washiriki wote walikuwa wakifikiria kwa muda na mwanamume mmoja alisimama kwa ujasiri na kusema, "Kwa kuwa sisi ndio watu pekee wa kufanya njia ipitike, kwa nini tusijadili jinsi tunavyoweza kuifanyia kazi pamoja?"

Washiriki walikubaliana na pendekezo lake, wakajadiliana na kuamua kwamba wanakijiji wote wangekutana na kufanya kazi pamoja kuleta udongo mgumu kutoka kijiji jirani na kujaza sehemu ya mtaro na udongo kutengeneza daraja kila Jumatano na Jumamosi mchana.

Wanakijiji, wakiwemo wanaume, wanawake na vijana walikusanyika mara mbili kwa wiki na kufanya kazi kwa bidii kutengeneza daraja. Baada ya mwezi mmoja, daraja lilikamilika, na wanakijiji walisherehekea kukamilika na kuanza kupita kutoka upande mmoja hadi mwingine kupitia daraja. Daraja hilo limerahisisha maisha ya wanakijiji na wananchi kuanza kupanda miche ya miti pembezoni mwa daraja hilo ili kuepusha daraja na mmomonyoko wa udongo kwa msaada wa huduma ya misitu.

<p>Mkutano wa Jamii</p> <ul style="list-style-type: none"> * Mkutano wa jamii ni ubadilishanaji wa kila mara wa maoni, mawazo na maoni kuhusu suala au jambo muhimu." * Mkutano ni mojawapo ya mikakati muhimu katika Mkakati wa Jumuiya ya kufanya tabia za watu na mabadiliko ya jamii. Kuandaa na kuwezesha mikutano ya Jumuiya hufanywa na SAC, wakati uhamasishaji unafanywa na CHVs. 	<p>Sifa za Mkutano wa Jamii</p> <ul style="list-style-type: none"> * Inahusisha mawasiliano na mwingiliano kati ya pande mbili au zaidi, yenye lengo la kufikia maelewano ya pamoja kuhusu masuala kwa madhumuni ya kuchukua hatua. * Mikutano ya mazungumzo hufanyika kila robo mwaka (mara 4 kwa mwaka) na wanachama wanaoshiriki ni pamoja na SAC, CHVs, na timu nyingine za Usimamizi wa Afya, washirika na wanachama wa umma.
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Umuhimu wa Mikutano ya Jamii

Tafuta Kukidhi Mahitaji ya Kila Mtu

- * Tafuta kukidhi mahitaji ya kila mtu;
- * Suluhu za kushinda na kushinda;
- * Tafuta uwezo wa wengine;
- * Waangalie wengine kama rafiki;
- * Fungua mawasiliano;
- * Uliza maswali na uonyeshe kwamba unataka kujifunza;
- * Unda nguvu kwa kusikiliza kwa makini, kuuliza, kuhamasisha kwa njia chanya, na kujihusisha na jamii;
- * Tafuta masuluhisho mengi zaidi.

1. Kuweka njia katika uongozi wa jamii na miundo ya jamii (SAC, CHV, na utawala).
2. Utambulisho wa kikundi uliopangwa na uchoraji ramani: Kujua ni vikundi vipi vilivyopangwa vilivyopo katika jamii, wako wapi na wanafanya nini.

Hatua za Kufanya Mkutano wa Jamii

3. Kuweka wazi mahitaji ambayo hayajaelezewa: Kusaidia Jamii kutambua mahitaji muhimu zaidi na jinsi ya kuyashughulikia.
4. Kufanya mipango ya utekelezaji ya kikundi iliyopangwa: Kulingana na mahitaji na hali ya sasa, jamii itapanga mipango ya jinsi ya kufikia kile wanachotaka kuwa katika siku zijazo.
5. Kuhakikisha mazungumzo endelevu na matokeo ya maendeleo: Kuunganisha jamii na huduma, kusaidia vikundi vilivyopangwa kujiendesha wenyewe.

Kuwezesha Mkutano wa Jamii

Mikutano Ya Jamii Inaweza Kutafsiri Tatizo ili kuwa Wasiwasi wa Jamii.	Panga Siku za Shughuli za Afya kwa kuzingatia Mazungumzo ya Jamii	"Upangaji wa Utekelezaji ni nini?"
<p>Ubao unaweza kusaidia kuzalisha masuala ya mazungumzo katika jamii.</p> <p>Mwenendo wa viashirio ubaoni unaweza kuongoza mazungumzo na wanajamii kujuliza kwa nini idadi inaongezeka au inapungua kulingana na uzoefu na utendaji wao katika jamii.</p>	<p>Kuunganisha mazungumzo ya jamii na siku ya utendaji Kama vile mazungumzo ya mahari yanavyoongoza kwenye siku ya harusi, ndivyo siku ya mkutano husababisha Hatua. Jamii inapaswa kufanya mpango wa utekelezaji wakati wa siku ya mkutano, na mpango wa utekelezaji utekelezwe Siku ya Utendaji. Hii inamaanisha kuwa siku za Utekelezaji zinafanyika kulingana na mipango ya Utekelezaji. Masafa ya Siku za Utekelezaji yataamuliwa na mahitaji ya kipaumbele ya jamii.</p>	<p>Kwa njia fulani, mpango wa utekelezaji ni kitendo cha "kishujaa": hutusaidia kugeuza ndoto zetu kuwa ukweli. Mpango kazi ni njia ya kuhakikisha maono ya jumuiya yanafanywa kuwa thabiti. Inaelezea jinsi kikundi chako kitatumia mikakati yake kufikia malengo yake. Mpango kazi unajumuisha hatua kadhaa au mabadiliko yatakayoletwa katika jamii yako.</p> <p>Kila badiliko litakalotafutwa lijumuishe taarifa ifuatayo katika mpango wa utekelezaji:</p> <ul style="list-style-type: none"> * Tunataka kwenda wapi? (Mabadiliko tunataka kuwa nayo); * Kutoka wapi? (Msingi, au hali yetu ya sasa); * Tunawezaje kujua tulipo? (Njia ya kupima mabadiliko yetu); * Tunawezaje kufika huko? (Hatua zitachukuliwa kwa mabadiliko); * Nani atachukua hatua? * Je, ni lini tunatarajia hatua hiyo kufanywa? * Ni rasilimali gani zinahitajika ili kutekeleza matendo yetu?

Vifuatavyo ni vigezo vya mpango mzuri wa utekelezaji:

- Imekamilika? - Je, inaorodhesha hatua zote za hatua au mabadiliko yatafutwa katika sehemu zote husika za jamii (k.m. shule, biashara, serikali,
- Jamii ya waumini)?
- Ni wazi? Je, ni dhahiri nani atafanya nini lini?
- Sasa? Je, mpango wa utekelezaji unaonyesha kazi ya sasa?
- Je, inatarajia fursa mpya zinazojitokeza na vikwazo?
- Ili kufanya mpango wa utekelezaji, tunahitaji kujua tulipo sasa na kulingana na hilo, tunaweza kuamua ni hatua gani tunapaswa kufanya ili kufikia tunakotaka kufikia. Kwa hivyo, kujua hali ya sasa kwa kukusanya na kutafsiri habari kutoka kwa jamii ni muhimu sana kwa shughuli yetu.
- Upangaji wa hatua unaweza kufanywa baada ya kufanya ziara ya Kaya na uchunguzi wa jamii kwa sababu tunaweza tu kujua hali halisi ya jamii zetu.
- Tunaweza kutumia uchunguzi kama data kuelezea hali ya sasa katika jamii ili kuandaa mpango wa utekelezaji hadi matokeo ya ziara na uchunguzi wa Kaya yapatikane.

References

1. Zanzibar Community Health Strategy, 2019.
2. Community Health Volunteers (CHVs) Basic Modules Handbook, 2013.

Annexes – English Version

Annex 1: Framework for SAC and CHV Action Plan

Targeted practice	Where we want to go (Change we want to have)	Where we are now (Baseline, or our current situation)	How we can know where we are (The way for measuring our change)	How can we reach there? (Actions to be taken)	Who will take the action	By when do we expect the action to be done	Resources needed for the action
Early attendance at ANC clinics	% of pregnant women attend early the clinics	% of pregnant women do not attend early the clinics	Improved of ANC attendance	Health education on proper attendance at ANC clinics	CHV		<ul style="list-style-type: none"> Transport allowance and Data collection tool & handbook
	% of women attending ANC for PNC, immunization, FP, or delivery services	% of women do not attend ANC for PNC, immunization, FP, or delivery services	Improved of ANC services	Health education on proper attendance at ANC clinics	CHV		<ul style="list-style-type: none"> Transport allowance and Data collection tool & handbook
			Follow up of ANC register	Community meeting	CHV		<ul style="list-style-type: none"> Transport allowance and Data collection tool & handbook
				Observation & Follow-up H/H visits	CHV		<ul style="list-style-type: none"> Transport allowance and Data collection tool & handbook
Nutrition	% of women and children use a balanced diet	% of women and children do not use a balanced diet	Improvement of nutritional status	Household visitation	CHV		<ul style="list-style-type: none"> Transport allowance and Data collection tool



Targeted practice	Where we want to go (Change we want to have)	Where we are now (Baseline, or our current situation)	How we can know where we are (The way for measuring our change)	How can we reach there? (Actions to be taken)	Who will take the action	By when do we expect the action to be done	Resources needed for the action
			Improved on the use of balanced diet	Interview with community members	CHV		<ul style="list-style-type: none"> Transport allowance and Data collection tool
			Establishment of small vegetable gardens	Follow-up H/H visits	CHV		<ul style="list-style-type: none"> Transport allowance and Data collection tool
Follow up of women missed routine visits/services, unhealthy and referral	% of women not missed routine visits	% of women missed routine visits	Number of women missed visits followed	Follow up and referral	CHV		<ul style="list-style-type: none"> Transport allowance and Data collection tool
Counselling and referrals	% of women know and understand the danger signs of pregnant women and under-five children	% of women do not know & understand the danger signs of pregnant women under-five children	Referral and management of danger to women and under-five children	Household visitation	CHV		<ul style="list-style-type: none"> Transport allowance and Data collection tool
			Interview with community members	Community sensitization meeting on the identification of danger signs for pregnant women and under-five children	CHV		<ul style="list-style-type: none"> Transport allowance and Data collection tool referral form

Targeted practice	Where we want to go (Change we want to have)	Where we are now (Baseline, or our current situation)	How we can know where we are (The way for measuring our change)	How can we reach there? (Actions to be taken)	Who will take the action	By when do we expect the action to be done	Resources needed for the action
				Refresher training	DHMT		<ul style="list-style-type: none"> Transport allowance
Support HCP on outreach services	% of women and children access RCH health care services	% of women and children do not access RCH health care services	Household visitation	Outreach services to hard-to-reach areas	HCP & CHV		<ul style="list-style-type: none"> Transport allowance and Data collection tool Referral form
			Interview with community members		CHV		<ul style="list-style-type: none"> Transport allowance and Data collection tool
			H/H visitation data		CHV		<ul style="list-style-type: none"> Transport allowance and Data collection tool
Environmental health and sanitation	% of community member practice Environmental hygiene and sanitation	% of community members do not practice Environmental hygiene and sanitation	Household visitation	Community sanitation on proper environmental hygiene and sanitation	CHV		<ul style="list-style-type: none"> Transport allowance Handout
			Interview with community members				
			H/H visitation data				

Annex 2: Data Collection Tool and Report for CHVs

NAME OF CHV	REGION	DISTRICT	SHEHIA	VILLAGE	DATE
ACTIVITY					
	NUMBER OF HOUSEHOLD VISITATION	NUMBER OF EARLY IDENTIFICATION OF PREGNANCIES BEFORE 12 WEEKS REFERRED	NUMBER OF WOMEN AND UNDERFIVE WITH DANGER SIGN REFERRED	NUMBER OF WOMEN COUNSEL ON NUTRITION	NUMBER OF OUTREACH SERVICES CONDUCTED UNDER HCP
NUMBER OF WOMEN MISSED VISITS FOLLOWED AND REFERRED	NUMBER OF ALL WOMEN REFERRED		NUMBER OF ALL UNDER FIVE CHILDREN REFERRED		

Annex 3: Data Collection Tool and Report for TBAs

NAME OF CHV	REGION	DISTRICT	SHEHIA	VILLAGE	DATE
ACTIVITY					
		NUMBER OF EARLY IDENTIFICATION OF PREGNANCY BEFORE 12 WEEKES REFERRED	NUMBER OF WOMEN REFERRED TO DELIVER AT HEALTH FACILITY	NUMBER OF WOMEN IDENTIFIED WITH DANBER SIGN AND REFERRED	

Viambatanisho – Swahili Version

Kiambatanisho 1: Mfumo wa Mpango wa Utekelezaji wa SACs na CHVs

Malengo na kazi zilizopangwa	Tunakotaka Kwenda (Mabadiliko tunayotaka kuwa nayo)	Tulipo sasa? (Msingi au hali halisi)	Tutaweaje? (Njia ya kupima mabadiliko yeu)	Tunawezaje kufika huko? (Hatua zitakazochukuliwa)	Nini atachukua hatua?	Ni lini tunatarajia hatua hiyo ifanyike	Rasilimali zinazohitajika kwa hatua
Kuhudhuria mapema kliniki kwa mama mjamzito na watoto	% ya mama wajawazito na Watoto wanahudhuria kliniki mapema	% ya mama wajawazito na Watoto hawanahudhuria kliniki mapema	Kuimarika kwa mahudhurio ya kliniki kwa mama na mtoto	Elimu ya afya juu ya mahudhurio sahihi ya mama na mtoto katika kliniki	CHV		<ul style="list-style-type: none"> Posho ya usafiri Zana ya kukusanya Habari/data & kijitabu rejea
	% ya mama wajawazito na Watoto wanahudhuria kliniki kwa ajili yao na Watoto wao ikiwemo huduma kabla na baada ya kujifungua Chanjo na uzazi wa mpango	% ya mama wajawazito na Watoto hawanahudhuria kliniki kwa ajili yao na Watoto wao ikiwemo huduma kabla na baada ya kujifungua Chanjo na uzazi wa mpango	Kuimarika kwa mahudhurio ya kliniki kwa mama na mtoto	Elimu ya afya juu ya mahudhurio sahihi ya mama na mtoto katika kliniki	CHV		<ul style="list-style-type: none"> Posho ya usafiri Zana ya kukusanya Habari/data & kijitabu rejea
			Kufuatilia regista la mahudhurio ya mama mjamzito	Mikutano ya jamii	CHV		<ul style="list-style-type: none"> Posho ya usafiri Zana ya kukusanya Habari/data & kijitabu rejea
			Kuchunguza, kufuatilia na		CHV		<ul style="list-style-type: none"> Posho ya usafiri



Malengo na kazi zilizopangwa	Tunakotaka Kwenda (Mabadiliko tunayotaka kuwa nayo)	Tulipo sasa? (Msingi au hali halisi)	Tutaweaje? (Njia ya kupima mabadiliko yeu)	Tunaweza je kufika huko? (Hatua zitakazochukuliwa)	Nini atachukua hatua?	Ni lini tunatarajia hatua hiyo ifanyike	Rasilimali zinazohitajika kwa hatua
Lishe Bora	% ya mama na Watoto wanatumia lishe bora	% ya mama na Watoto hawatumii lishe bora	Kuimarika kwa lishe bora kwa mama na mtoto	kufanya matembeleo ya kaya Kufanya matembezi ya kaya	CHV		<ul style="list-style-type: none"> Zana ya kukusanya Habari/data & kijitabu rejea Posho ya usafiri Zana ya kukusanya Habari/data & kijitabu rejea
			Kuimarika kwa lishe bora kwa mama na mtoto	Mahojiano na jamii juu ya matumizi ya lishe bora	CHV		<ul style="list-style-type: none"> Posho ya usafiri Zana ya kukusanya Habari/data & kijitabu rejea
			Kuanzisha bustani ndogo za mbogamboga majumbani	Kufuatilia na kufanya matembezi ya kaya	CHV		<ul style="list-style-type: none"> Posho ya usafiri Zana ya kukusanya Habari/data & kijitabu rejea
Ufuatiliaji wa mama na Watoto waliokosa kuhudhuria katika kituo cha afya na wanaoumwa na kuwapa rufaa	% ya mama wanahudhuria kliniki	% ya mama hawahudhuria kliniki	Idadi ya mama na Watoto wanaohudhwa kliniki	Ufuatiliaji na Rufaa	CHV		<ul style="list-style-type: none"> Posho ya usafiri Zana ya kukusanya Habari/data & kijitabu rejea



Malengo na kazi zilizopangwa	Tunakotaka Kwenda (Mabadiliko tunayotaka kuwa nayo)	Tulipo sasa? (Msingi au hali halisi)	Tutaweaje? (Njia ya kupima mabadiliko yeu)	Tunaweza je kufika huko? (Hatua zitakazochukuliwa)	Nini atachukua hatua?	Ni lini tunatarajia hatua hiyo ifanyike	Rasilimali zinazohitajika kwa hatua
Ushauri nasaha and Referral	% ya mama wanafahamu dalili za hatari kwa mama mjanzito na Watoto chini ya miaka mitano	% ya mama hawanafahamu dalili za hatari kwa mama mjanzito na Watoto chini ya miaka mitano	Rufaa na huduma za mama wajawazito na Watoto chini ya miaka mitano	Kufanya matamebzi ya kaya	CHV		<ul style="list-style-type: none"> Posho ya usafiri Zana ya kukusanya Habari/data & kijitabu rejea
			Mahojiano na jamii	Mikutano ya uhamasishaji ya jamii ya utambuzi wa dalili za hatari kwa wajawazito na Watoto chini ya miaka mitano	CHV		<ul style="list-style-type: none"> Posho ya usafiri Zana ya kukusanya Habari/data & kijitabu rejea Zana ya kukusanya Habari/data & kijitabu rejea Fomu ya Rufaa Posho ya usafiri
				Kurejea Mafunzo yaliyopita	DHMT		<ul style="list-style-type: none"> Posho ya usafiri Zana ya kukusanya Habari/data & kijitabu rejea
Kutoa huduma maeneo ya mabali	% ya mama wanapata huduma za mama na mtoto	% ya mama hawapata huduma za mama na mtoto	Kutembela kaya	Kutoa huduma maeneo ya mabali	HCP & CHV		<ul style="list-style-type: none"> Posho ya usafiri Zana ya kukusanya Habari/data & kijitabu rejea
			Mahojiano na jamii		CHV		<ul style="list-style-type: none"> Posho ya usafiri Zana ya kukusanya Habari/data & kijitabu rejea



Malengo na kazi zilizopangwa	Tunakotaka Kwenda (Mabadiliko tunayotaka kuwa nayo)	Tulipo sasa? (Msingi au hali halisi)	Tutaweaje? (Njia ya kupima mabadiliko yeu)	Tunawezaje kufika huko? (Hatua zitakazochukuliwa)	Nini atachukua hatua?	Ni lini tunatarajia hatua hiyo ifanyike	Rasilimali zinazohitajika kwa hatua
Afya na usafi wa mazingira	% ya jamii wanafanya usafi wa mazingira	% ya jamii haifanyi usafi wa mazingira	Kutembelea kaya na taarifa	Usafi wa mazingira katika jamii	CHV		<ul style="list-style-type: none">• Posho ya usafiri• Zana ya kukusanya Habari/data & kijitabu rejea• Fomu ya Rufaa
			Kutembelea kaya		CHV		<ul style="list-style-type: none">• Posho ya usafiri• Zana ya kukusanya Habari/data & kijitabu rejea
			Mahojiano na jamii				<ul style="list-style-type: none">• Posho ya usafiri• Zana ya kukusanya Habari/data & kijitabu rejea
			Matembezi ya kaya				<ul style="list-style-type: none">• Posho ya usafiri• Zana ya kukusanya Habari/data & kijitabu rejea



Kiambatanisho 2: Fomu ya Kukusanya Taarifa na Ripoti za CHVs

JINA LA CHV	MKOA	WILAYA	SHEHIA	KIJIJI	TAREHE
KAZI	IDADI YA NYUMBA ZILIZOTEMBELEWA	IDADI YA WAJAWAZITO WALIOGUNDULIWA KABLA YA WIKI 12 NA KUPEWA RUFAA	IDADI YA MAMA WAJAWAZITO NA WATOTO WALIOGUNDULIWA NA DALILI ZA HATARI	IDADI YA MAMA WALIOPEWA USHAURI WA DALILI ZA HATARI	IDADI ZA HUDUMA ZA MANEO YA MABALI ZILIZOTOLEWA
IDADI YA MAMA WALIOEMBELEWA	IDADI YA MAMA WAJAWAZITO WOTE WALIOPEWA RUFAA	IDADI YA MAMA WAJAWAZITO WOTE WALIOPEWA RUFAA	IDADI YA MAMA WAJAWAZITO WALIOPEWA RUFAA KUZALIA HOSPITALI	IDADI YA MAMA WAJAWAZITO WALIGUNDULIWA NA DALILI ZA HATARI NA KUPEWA RUFAA	IDADI YA MAMA WAJAWAZITO WALIGUNDULIWA NA DALILI ZA HATARI NA KUPEWA RUFAA

Kiambatanisho 3: Fomu ya Kukusanya Taarifa na Ripoti za TBAs

JINA LA CHV	MKOA	WILAYA	SHEHIA	KIJIJI	TAREHE
ACTIVITY	IDADI YA WAJAWAZITO WALIOGUNDULIWA KABLA YA WIKI 12 NA KUPEWA RUFAA	IDADI YA MAMA WAJAWAZITO WALIOPEWA RUFAA KUZALIA HOSPITALI	IDADI YA MAMA WAJAWAZITO WALIOPEWA RUFAA KUZALIA HOSPITALI	IDADI YA MAMA WAJAWAZITO WALIGUNDULIWA NA DALILI ZA HATARI NA KUPEWA RUFAA	IDADI YA MAMA WAJAWAZITO WALIGUNDULIWA NA DALILI ZA HATARI NA KUPEWA RUFAA



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